MAY 22, 2014

SMG FOOD & BEVERAGE LLC DBA PINNACLE BANK ARENA ATTN: TOM LORENZ 400 PINNACLE ARENA DR LINCOLN NE 68508

NOTICE OF HEARING ON LIQUOR APPLICATION

APPLICANT OR DESIGNATED REPRESENTATIVE IS REQUIRED TO ATTEND THIS HEARING.

Notice is hereby given that the City Council of the City of Lincoln, Nebraska, will hold a hearing in the Council Chambers in the County-City Building of said City, 555 S. 10th St., on Mon., the 16th day of June, 2014 at 3:00 p.m., for the following applications of:

SMG FOOD & BEVERAGE LLC SDL FOR PINNACLE BANK ARENA AT 400 PINNACLE BANK ARENA DR. ON SAT., OCT. 1 FROM 10 A.M. TO 2 A.M.

SMG FOOD & BEVERAGE LLC SDL FOR PINNACLE BANK ARENA AT 400 PINNACLE BANK ARENA DR. ON SAT., OCT. 9 FROM 10 A.M. TO 2 A.M.

At said time and place, the City Council will receive competent evidence under oath, either orally or by affidavit, from any person bearing upon the propriety of the issuance of said license as provided by law. Council requires that the applicant or designated representative attend the meeting to answer any possible questions.

SINCERELY,

TERESA J. MEIER CITY CLERK

APPLICATION FOR SPECIAL **DESIGNATED LICENSE** CITY OF LINCOLN CITY CLERK'S OFFICE 555 S 10[™] ST LINCOLN NE 68508 PHONE: (402) 441-7438 DO YOU NEED POSTERS? YES NOV RETAIL LICENSE HOLDER NON PROFIT APPLICANT Non Profit Status (check one that best applies): Municipal Political Fine Arts Fraternal Religious Charitable Public Service **COMPLETE ALL QUESTIONS** MAY 2 1 2014 CITY GLERK'S OFFIGE Beer ✓ Wine ✓ Distilled Spirits ✓ 1. 2. Liquor license number and class (i.e. C55441, CK55441) CK104580 (If you're a nonprofit organization leave blank) Licensee name (last, first,), corporate name or limited liability company (LLC) name (As it reads on 3. your liquor license) NAME: SMG FOOD & BEVERAGE LLC ADDRESS: 300 CONSHOHOCKEN STATE ROAD, SUITE 450 CITY: WEST CONSHOHOCKEN, PA 19428 ZIP: 4. Location where event will be held; name, address, city, county, zip code PINNACLE BANK ARENA **BUILDING NAME:** ADDRESS: 400 PINNACLE ARENA DR. LINCOLN CITY: 68508 ZIP: LANCASTER COUNTY & COUNTY #: Is this location within the city/village limits? YES 🗸 NO Is this location within the 150' of church, school, hospital or home YES NO V for aged/indigent or for veterans and/or wives? Is this location within 300' of any university or college campus YES NO

5.	Date(s)	and	Time(s) of eve	ent (no more	than six (6)	consecu			pplication	
Date 10.1.	2014		Date	Date		Date		Date		Date
Hours From			-rom	Hours From		Hours From		lours rom		Hours From
To 2:00 AM				То		То		ō		То
		A 14								
			nate date:	N/A						•
			nate location: rnate date or	location m	ust be spec	ified in lo	ocal appro	val)		
6.	Indicate Danc Other:		of activity to be CONCERT	pe carried o			/Beer Gar	den —	Sam	pling/Tasting
7.			of area to be li		be covered l		not square	x e feet or a	icres)	
	*Outdoor area dimensions of area to be covered IN FEET176 x ISX 56 STADIUM PERRACE *SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)									
			ea, how will progress			k	cattle	panel	t	ent
8.	How ma	any at	tendees do yo	ou expect at	event? 18,	000				
9.	alcohol	beve	ttendees. Indic rages. (Attach	separate s	heet if neede	e taken to	prevent u	nderage	persons	from obtaining
10.			s to be covered						? YES	Zno

11.	Non-Profit: Where will you be purchasing your alcohol from the Non-Profit: Where will you be purchasing your						
		th BYO					
12.	Will there be any games of chance operating d	uring the event? YES NO					
	NOTE: Only games of chance approved by the Department forms of gambling are prohibited by State Law: There are funds for a charity. This is only an application for a Special gambling permit application.	no exceptions for Non Profit Organizations or	any events raising				
13.	Any other information or requests for exemption event, complete NLCC form 140): 53/168/169	ns (must be received by Commission	30 days prior to				
14.	Name and telephone number/cell phone number the location of the event when it occurs, able to enforcement before and during the event, and laws, ordinances, rules and regulations are adh	answer any questions from Commiss who will be responsible for ensuring the	ion and/or law				
	Print name of Event Supervisor: THOMAS E. LORENZ						
	Signature of Event Supervisor: 4th Xhang						
	Event Supervisor phone: Before 402-904-4444	During 402-416-5227					
	Email address: TLORENZ@SMGLINCOLN.COM						
15.	Consent of Authorized Representative/Applicant I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be						
	supervised by persons directly responsible to the	ne holder of this Special Designated Li	cense.				
sign here	Mr. Jama	GENERAL MANAGER	5.21.2014				
	Authorized Representative/Applicant	Title	Date				
	THOMAS E. LORENZ						
	Print Name						

This individual must be listed on the application as an officer or stockholder unless a letter has been filed appointing an individual as the catering manager allowing them to sign all SDL applications.

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

SUPPLEMENTAL FORM REQUIRED FOR ALL OUTDOOR EVENTS

(Including those for Non Profit Organizations)

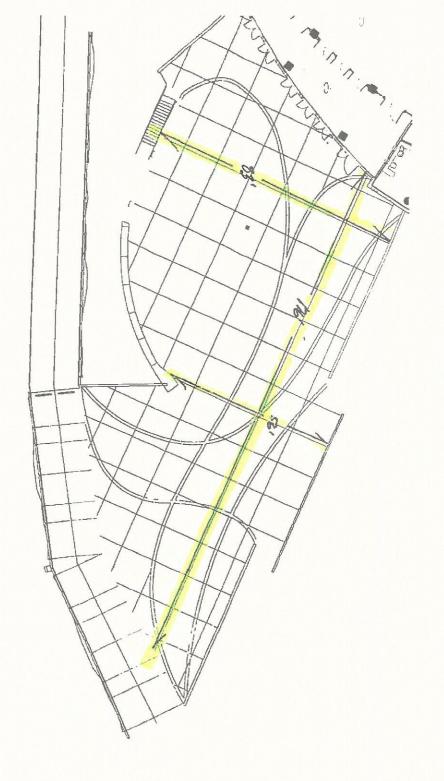
	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I	- Environment	
Name of Event: TOM PETTY CONCERT			
Applicant and Sponsoring Organization or Individual (it	f applicab	le):	PINNACLE BANK ARENA
Date(s) of Event: OCTOBER 1, 2014	Hours:	7:3	0 PM
Alternate Date(s): N/A	Hours:	N/A	
Is the event open to the public?	□No		
How will you ensure that minors will not be served or con	sume be	veraç	ges containing alcohol:
TRAINED PINNACLE BANK ARENA EMPLOYEES WILL CHECK ID'S			
Will food be served? ✓ Yes No If yes	s, please	list fo	ood to be served: POPCORN, PRETZELS,
Will non-alcoholic beverages be served: Yes If yes, please list non-alcoholic beverages to be served:	BOTTLE	No WATER	AND PEPSI PRODUCTS
Who will serve the beverages containing alcohol? TRAINE Must complete Server/Seller Applicant Information	ED PINNACLE	BANK et.	ARENA EMPLOYEES
Have the designated servers received responsible bevera	age serve	r trai	ning?
Will there be a charge for admission? ✓ Yes		No	
In the last 12 months, have you received notice of a liquoryou were the special designated licensee?	r law viola ✓I	ation No	that occurred during an event at which If so, explain:
JAM XIVING			5.21.2014
Applicant's Signature			Date

SITE PLAN INFORMATION REQUIRED FOR ALL OUTDOOR EVENTS

Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if	
necessary.	
Number of Entry & Exit Points & Dimensions: (
2. Size & location of tent(s) (heights, width, depth)	
3. Size of area being used (176 x 83 x 56)	
Location & type of cooking equipment (if used)	
Location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing.	
6. Height & type of fencing to be used.	
Note: Two (2) exit points must be indicated on your drawing. These exits cannot lead	7
patrons into the building. Questions relating to entry/exit points; electrical wiring; tent	
sizes can be directed to: Chuck Schweitzer, Fire Prevention Bureau: (402) 441-6441.	
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ATTACH EXTRA PAGES IF NECESSARY

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SERVER/SELLER APPLICANT INFORMATION SHEET

You must provide the NAME and DATE OF BIRTH of ALL Employees/Volunteers who will sell or dispense alcoholic beverages at your event.

This applies to nonprofit corporations as well.

NAME	DATE OF PHONE # BIRTH DURING EVENT		EMPLOYEE OF WHOLESALE DISTRIBUTOR YES OR NO		
CITY CLERK'S OFFICE HAS A LIST	OF	EMPLOYEES ON	FILE		
			1 I has how		
	100000				